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CONFIRMATION NO. 4240

Bib Data Sheet

SERIAL NUMBER 10/720,616	FILING OR 371(c) DATE 11/24/2003 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 03-12495
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/318,552 12/13/2002 ABN which is a CIP of 10/087,135 02/28/2002 PAT 6,648,812  
 which claims benefit of 60/272,384 02/28/2001

*SL*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/23/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>				
Verified and Acknowledged	<i>John Rehfeld</i> <i>SL</i> Examiner's Signature Initials				

## ADDRESS

25189

## TITLE

Magnetic foot therapeutic apparatus

FILING FEE RECEIVED 624	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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